

Essential Components of an Integrated **PMTCT** Program

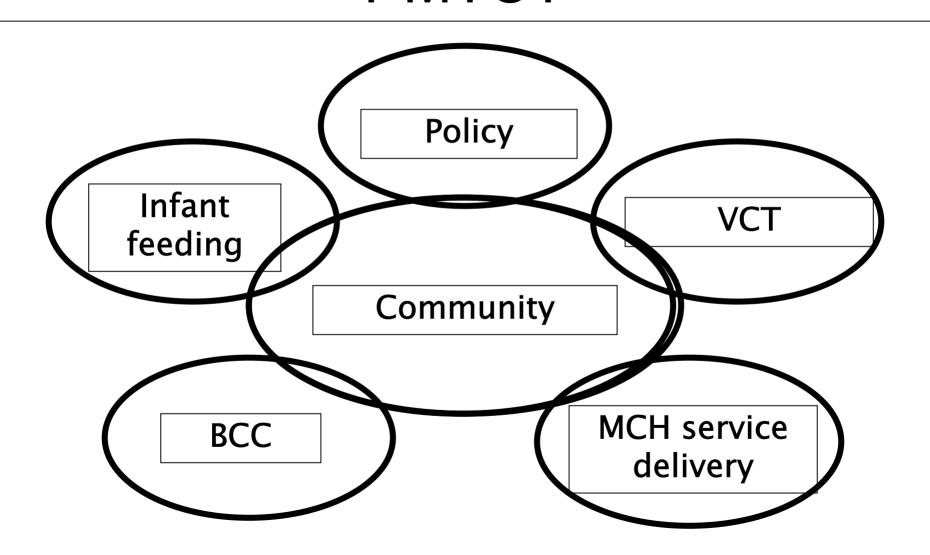






WHO 4-Pronged Approach to PMTCT

- Primary prevention to help all women remain negative
- 2. Prevention of unwanted pregnancies among women who are already HIV+
- Reducing perinatal transmission of HIV among HIV+ pregnant and breastfeeding women
- 4. Care and support



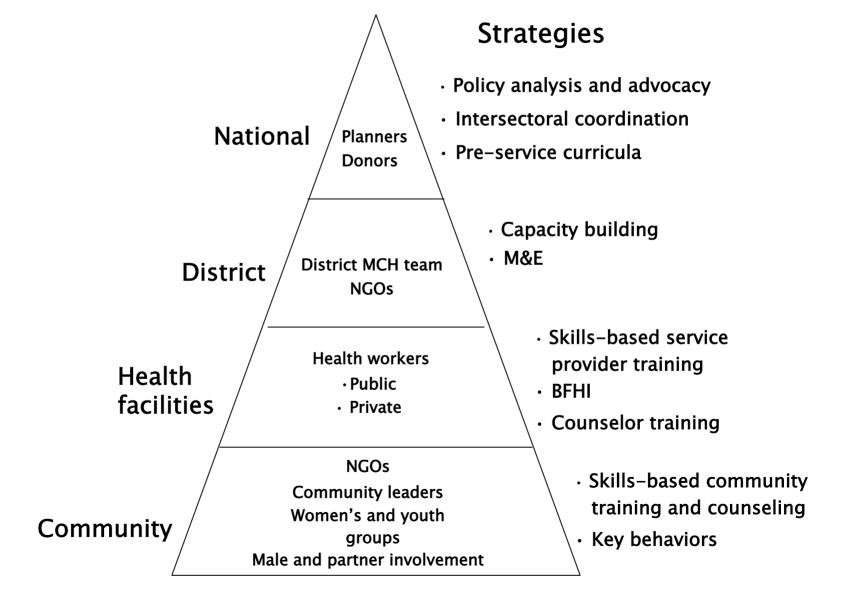
Comprehensive PMTCT Approach

- Formative research on infant and young child feeding and HIV/AIDS knowledge, attitudes, and practices
- Improved quality of care in MCH services and enhancement of infrastructure
- Improved quality of and access to VCT services
- ARV prophylaxis

Comprehensive PMTCT Approach, cont.

- Training and capacity building
- Community mobilization for infant and young child feeding, VCT, and care and support
- Promotion of male involvement
- Development of BCC strategies
- Monitoring and evaluation using clinic and population survey data and follow-up

Strategies at All Levels



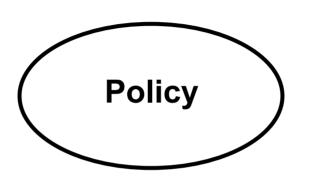
Integrated PMTCT Counseling Points of Contact

Community



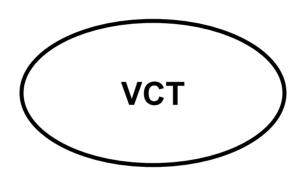
At each point of contact, counseling messages on:

- Prevention
- Risk reduction
- BF/infant feeding choices



Policy and Advocacy

- Infant and young child feeding policy
- Baby-Friendly Hospital Initiative assessments
- PMTCT guidelines
- Code of Marketing of Breast-Milk Substitutes



Voluntary Counseling and Testing

- Access
- Privacy/confidentiality
- Pre- and post-HIV test counseling
- Referral after testing
- Partner involvement
- Community support

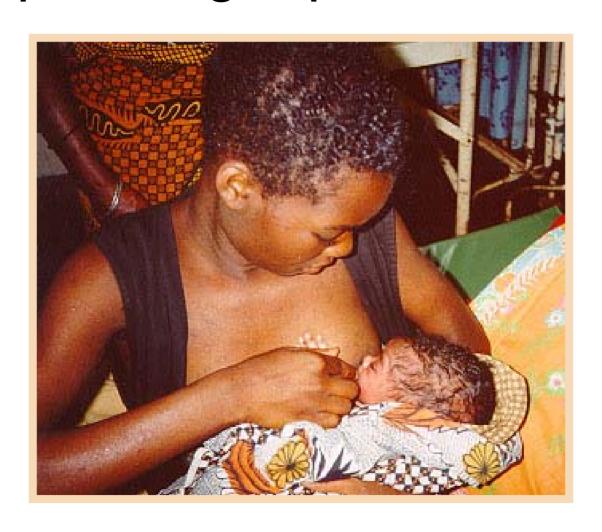


Why Counseling and Testing for HIV?

- Guides HIV- women in appropriate prevention and risk reduction
- Helps HIV+ women seek counseling and treatment
- Allows HIV+ women to tell their partners so they can be counseled and tested
- Empowers decisions on minimizing MTCT
- Enables women to take precautions to prevent transmission to partner(s)



PMTCT: MCH services and family planning/reproductive health



Reducing the Risks of MTCT

Pregnancy

- **Essential ANC**
- Malaria
- STIs
- Nutrition
- Other illness
- Counseling
 - Infant feeding
 - Safer sex
 - Safer delivery
 - FP
 - Partner involvement
- VCT

Labor and delivery

- Keep normal
- Minimize invasive procedures:

AROM
Episiotomy
Suctioning
Trauma

- BFHI
- Vaginal cleansing
- ARVs

Infant feeding

- **BFHI**
- Early initiation
- Support for EBF
- Care for mastitis
- Care for thrush

Or if HIV positive:

- Support for replacement feeding
- ARVs



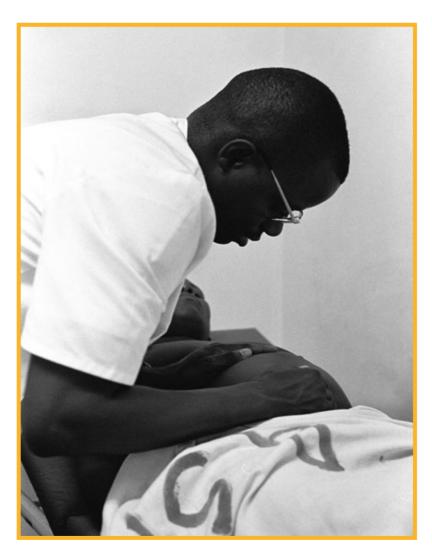
MCH Services

Essential ANC package VCT ARVs

Labor, delivery, and postpartum risk reduction Infant feeding counseling Community referral

Photo: Laura Brye

Essential Antenatal Health Education



- VCT
- Infant feeding
- Nutrition
- Safe sex
- Delivery plan
- Family planning post delivery
- Partner and family support
- ARVs if available

Labor and Delivery

Most HIV + women are asymptomatic. Essential supportive care for ALL women can minimize MTCT of HIV to infants.

- Support labor to keep it normal.
- Minimize invasive procedures.
- Use ARV therapy if available.
- Support breastfeeding if the mother chooses (BFHI principles).

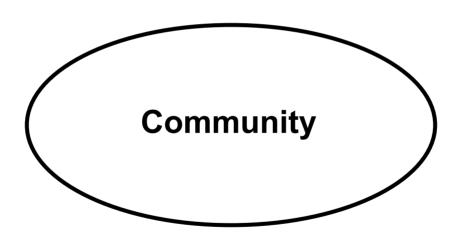
Post-natal Care

Support family planning counseling

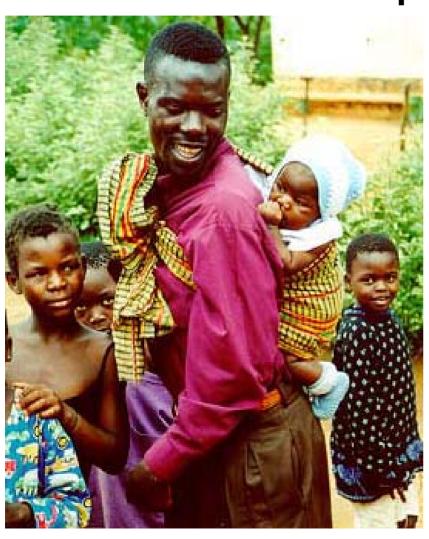
- Train health workers to support women to practice their infant feeding of choice
- Protect and support optimal BF for mothers who choose this method



Counsel women on adequate nutrition while BF



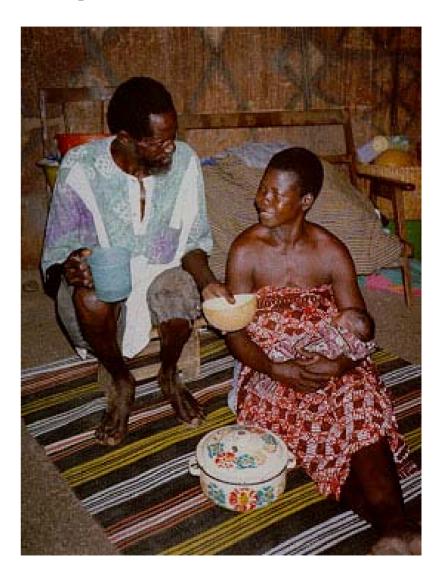
Community Involvement and Support

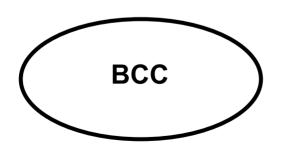


- HIV prevention
- VCT advocacy
- Encouragement of ANC visits
- Counseling on infant feeding choice
- Growth monitoring
- Monitoring of application of chosen feeding method
- Care and support regardless of HIV status

Challenges for HIV prevention

- Strategies to increase condom use
- Education and counseling of mothers about safer sex during pregnancy and lactation
- Partner involvement
- Empowerment of women to discuss sex with their partners
- Formative research on reproductive choice and decisionmaking related to HIV





PMTCT and Behavior Change

- Formative research
- Strategy



- Counseling points of
- Supervision



Infant Feeding: The Gap in PMTCT

- benefit of ARV prophylaxis without adequate attention to infant feeding
- Risk of death through replacement feeding far exceeds risk of MTCT through exclusive breastfeeding for the first 6 months
- UN and WHO recommendation of breastfeeding as key child survival intervention for mothers of positive or unknown HIV status
- Government interest in advice on developing infant feeding policy in the context of HIV/AIDS

Infant Feeding Choice according to HIV Status



- Prevention
- EBF
- VCT counseling
- Complementary feeding



- Prevention
- EBF
- VCT counseling
- Complementary feeding



- Prevention
- Feeding options: EBF, early cessation, replacement feeding
- Complementary feeding
- BF problems treatment
- ARVs

Indicators

- % of women using ANC services
- # of women receiving health education
- % of pregnant women counseled and tested for HIV
- % of women receiving their HIV test results
- % of men and spouses of ANC clients tested for HIV
- # of HIV+ pregnant women receiving Nevirapine
- % of HIV+ women taking their Nevirapine dose
- % of infants taking their Nevirapine dose
- delivery

Indicators, cont.

- % of children 0<12 months breastfed within 1 hour of birth
- % of infants exclusively breastfed
- % of births attended by skilled attendants
- % of pregnant women receiving intermittent preventive therapy for malaria
- % of women receiving iron/folic acid supplements
- % of women using ANC services sleeping under insecticide-treated bednets
- % of pregnant women screened for syphilis
- % of deliveries that include episiotomies and instruments
- % of mothers receiving vitamin A supplementation

